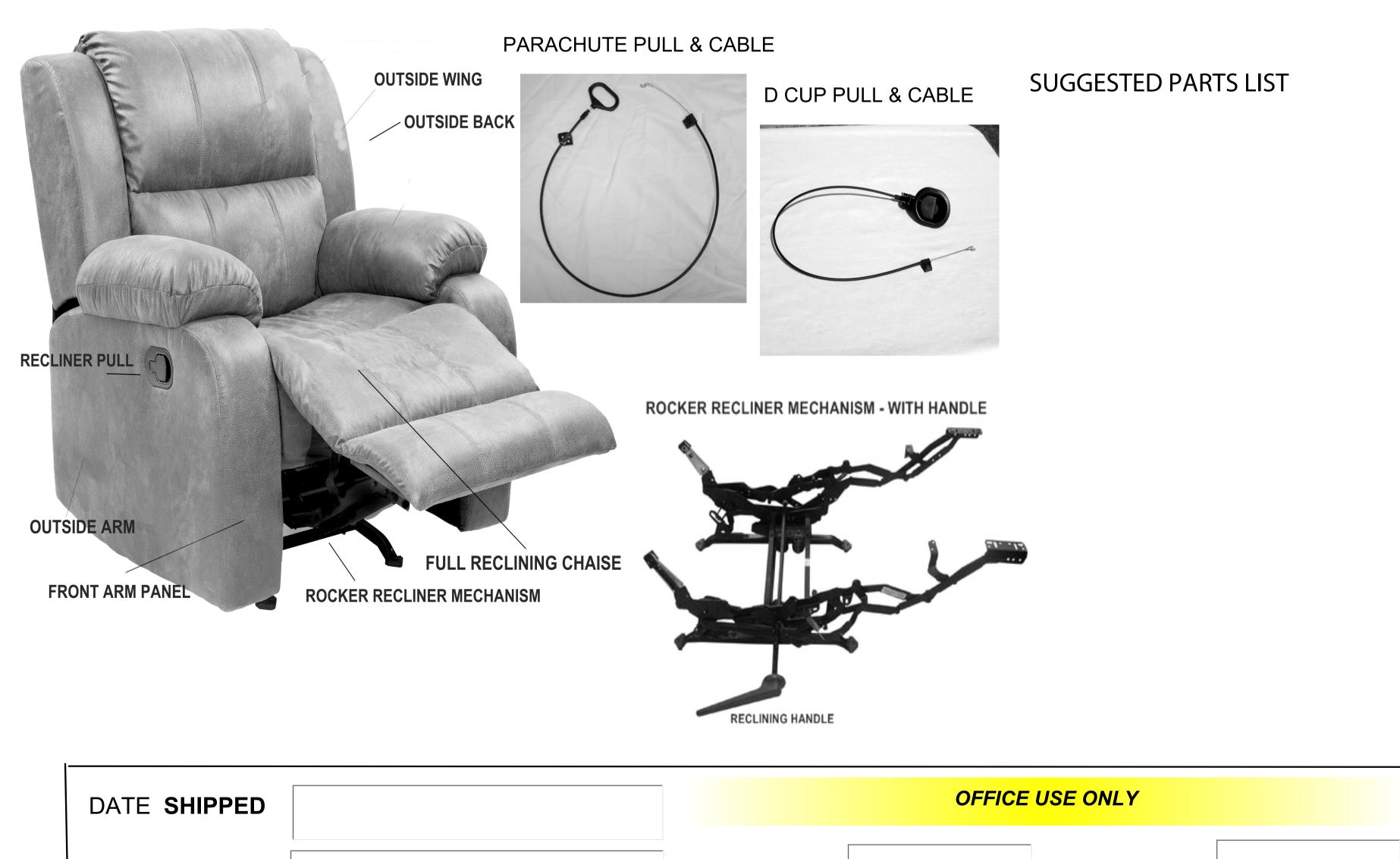
C. A. Munro Limited PART FORM - RECLINER OFFICE USE ONLY PART

******This form must be filled out completely and accurately before a PART will be considered*****

| DEALER NAME DEALER ADDRESS | | DATE PHONE FAX | | |
|-------------------------------|--------------------------------------|----------------------|---------------------|--|
| MODEL NO. WITH DESCRIPTION | | | | |
| PART REQUIRED | | | QUANTITY | |
| REASON FOR PART | | | | |
| (As much detail as possible) | | | | |
| STORE STOCK? | EVER IN A CUSTOMER HOME? | | | |
| PLEASE NOTE THAT | BROKEN IS NOT A WARRANTY FUNCTION, F | PLEASE EXPL | AIN YOUR REASON FOF | |
| SIGNATURE: | PRINT: | | DATE: | |



| INVENT | ORY |
|--------|-----|
|--------|-----|

ODER NUMBER

PART STOCK

